



## Letter to the editor

## Pathophysiologic changes due to TASER devices versus excited delirium: Potential relevance to deaths-in-custody?

## Keywords:

TASER

Excited delirium

Deaths-in-custody

## Dear Editor

I read with interest the article by Dr. Jauchem entitled "Pathophysiologic changes due to TASER devices versus excited delirium: Potential relevance to deaths-in-custody?" recently published in the Journal of Forensic and Legal Medicine.<sup>1</sup> In his introduction, the author comments that "four components are usually considered to be necessary for a definition of the excited delirium syndrome: a) delirium with agitation, b) respiratory arrest, c) hyperthermia, and d) death". He later goes on to comment that "Excited delirium can be considered a heterogeneous condition, with multiple variant types that could differ in both presentation and clinical course". Though this implies that the differing clinical course could mean that the subject does not die, this was not specifically brought out or elaborated on in the paper. Subjects in a state of excited delirium are seen every day in emergency departments across the country, but not all die, and in fact the majority do not. Best current published information is that the fatality rates in subjects presenting with Excited Delirium Syndrome (ExDS) is around 8%. So, clarification should be made that respiratory arrest, hyperthermia and death are not necessary components to "define" excited delirium.

Dr. Jauchem later notes, "...expert witnesses in some legal cases have suggested that the term "cocaine-induced excited delirium" would not be valid without respiratory arrest and death". Beyond some expert witnesses, this position has also been officially recognized as a clinical syndrome by the American College of Emergency Physicians (ACEP) in a recently published White paper and peer reviewed publication.<sup>2,3</sup> In the White Paper, ACEP published, "It is the consensus of the Task Force that ExDS is a unique syndrome which may be identified by the presence of

a distinctive group of clinical and behavioral characteristics that can be recognized in the pre-mortem state. ExDS, while potentially fatal, may be amenable to early therapeutic intervention in some cases". The purpose of clarifying this distinction that ExDS is not uniformly fatal as noted in the original definition is that it is important for emergency medical and law enforcement communities to have increased awareness of this critical syndrome so that early recognition can be translated to earlier medical intervention and hopefully improved clinical outcomes for those presenting with ExDS.

Respectfully submitted,

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## References

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28 April 2011

Available online 24 May 2011